

Legal Date: 08-28-2003

No.	Doccode	Number of pages
1	TRNA	1
2	SPEC	34
3	CLM	13
4	ABST	1
5	DRW	5
6	ADS	2

Total number of pages = 56

Remarks:

Order of re-scan issued on

FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

P/001-1601

CLAIMS AS FILED - PART I

TOTAL CLAIMS FOR	(Column 1)	NUMBER FILED	(Column 2)
TOTAL CHARGEABLE CLAIMS	12	NUMBER EXTRA	
INDEPENDENT CLAIMS	12	minus 20=	*
MULTIPLE DEPENDENT CLAIMS	2	minus 3 =	*

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE

RATE	FEE	OR	OTHER THAN SMALL ENTITY
BASIC FEE	375.00	OR	BASIC FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL		OR	TOTAL

CLAIMS AS AMENDED - PART II

AMENDMENT A

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	PRESENT EXTRA
Independent	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	Minus	**

		=
		=

SMALL ENTITY TYPE

RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

AMENDMENT B

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	PRESENT EXTRA
Independent	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	Minus	**

		=
		=

AMENDMENT C

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	PRESENT EXTRA
Independent	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	Minus	**

		=
		=

SMALL ENTITY TYPE

RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

SMALL ENTITY TYPE

RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

SMALL ENTITY TYPE

RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in column 1.

FORM PTO-475 (Rev. 12/02)

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